

## BASE HOSPITAL, GAMPOLA

<b>Reference Number :</b>		<b>Title :</b>	02 NOS Hemo Dialysis Machine Service Agreement
<b>Procurement Type :</b>	Normal	<b>Page Reference Number :</b>	45
<b>Procurement Category :</b>	Non-consultancy services	<b>Estimated Cost (LKR. Mn.) :</b>	550,000.00
<b>Approved Budgeted Cost (LKR. Mn.) :</b>	550,000.00	<b>Source of Finance :</b>	Domestic Funds / GoSL
<b>Procurement Method :</b>	Direct Contracting	<b>Authority Level :</b>	RPC
<b>Priority Status :</b>	Priority	<b>Current Status of Procurement Preparedness Activities :</b>	7
<b>Scheduled Date of Commencement :</b>	2026-01-01	<b>Contract Period (Months) :</b>	
<b>Quantity / Scope of Procurement :</b>	1 / Service	<b>Vote Particulars :</b>	111-1-5-11-2002
<b>Tentative Date of Specific Procurement Notice :</b>	2026-09-01	<b>Date of Contract Award :</b>	2026-10-20
<b>Reference to Action Plan :</b>			
<b>Description :</b>	MPP 2026		